MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03620

CERTIFICATE OF DEATH

Reg. Dist. No. 5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH · COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Frederick
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md. COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntingtown,
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Freeman

4. DATE OF DEATH: (Month) 4 (Day) 15 (Year) 1949

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 1-12,1896

9. AGE last birthday: 53 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Alexander Gross.

14. MOTHER'S MAIDEN NAME: Rachel White

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT: William Freeman Huntingtown,

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

334 Immediate cause (a) Cerebral accident

Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 12-10, 1947, to 4-15, 1949, that I last saw the deceased alive on 4/15, 1949, and that death occurred at 11.25 P.m., from the causes and on the date stated above.

SIGNATURE: D. Stevens M.D. (Degree or title) ADDRESS: Huntingtown, DATE SIGNED: 4/17/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4-19-49 — NAME OF CEMETERY OR CREMATORY: Carroll's — LOCATION (City, town, or county): Barstow — (State): Md

DATE REC'D BY LOCAL REG. 4/18/49 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR: P. E. Sewell — ADDRESS: Prince Frederick,

VS. A15

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APR 21 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03621

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown; HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND; LENGTH OF STAY (in this place) life

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) HOWARD (Middle) C. (Last) GIBSON

4. DATE OF DEATH: (Month) April (Day) 4 (Year) 1949

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: Dec. 13, 1878

9. AGE last birthday: 70 yrs. If under 1 year: Months 3, Days 21; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Calvert Co

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Gibson

14. MOTHER'S MAIDEN NAME: Miranda Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yr., give war or dates of service)

16. SOCIAL SECURITY NO.: no

17. INFORMANT: Eldridge Gibson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken neck from

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) hanging self with rope

(c)

974

164a

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home (CITY OR TOWN): Hung self in barn (COUNTY) (STATE)

TIME OF INJURY (Month) 4 (Day) 4 (Year) 1949 (Hour) 12 M

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? Self inflicted

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at .....m., from the causes and on the date stated above.

SIGNATURE H. Ward (Degree or title) D.S.M.E. ADDRESS Owings Md DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE: April 6, 1949

NAME OF CEMETERY OR ~~CREMATORY~~: Calvary

LOCATION (City, town, or county): Huntingtown (State): Md.

DATE REC'D BY LOCAL REG. 4-5-49

REGISTRAR'S SIGNATURE: H. H. Ward

24. FUNERAL DIRECTOR: A. A. Harkness & Son ADDRESS

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Evidence for change in age shown on:

FILM No. G 120 MAY -6 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Evidence for change in #18-part 2 shown on:

FILM No. G 120 MAY 25 1949

Reg. Dist. No. 51

03622

1. PLACE OF DEATH· COUNTY: Calvert MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED· STATE: Maryland COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mutual Rural — LENGTH OF STAY (in this place): Life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural give location): mutual, md

3. NAME OF DECEASED (Type or Print) (First) Oliver (Middle) Thomas (Last) Howe			4. DATE OF DEATH (Month) 4 (Day) 21 (Year) 1949		
5. SEX: M	6. COLOR OR RACE: C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH: Nov 10, 1894	9. AGE last birthday: 54 ~~55~~ yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: William H Howe			14. MOTHER'S MAIDEN NAME: Carrie Gray		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY No.: 218-14-3463	17. INFORMANT: Iona Howe, Mutual, md		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

163 Immediate cause (a) Hemoptisis due to

Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Primary Ca of Lung (?)

(c) Pulmonary tuberculosis (?)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/13, 1945, to April 21, 1945, that I last saw the deceased alive on April 21, 1945, and that death occurred at 9, P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
P de Villarreal	M.D.	St Leonard	4/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 4-24-49	NAME OF CEMETERY OR CREMATORY: Brooks Chapel	LOCATION (City, town, or county) (State): Calvert md
DATE REC'D BY LOCAL REG.: 4-22-49	REGISTRAR'S SIGNATURE: H. W. Ward	24. FUNERAL DIRECTOR: P. E. Sewell, Prince Frederick	ADDRESS

Code OK Dro. 5/24/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 26 1949
BUREAU V. S.

03623

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH · COUNTY: Huntingtown MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Md COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Calvert — LENGTH OF STAY (in this place): all life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Huntingtown
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —	STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print): (First) Mary Jane (Middle) Smith (Last)

4. DATE OF DEATH: (Month) Apr (Day) 10 (Year) 1949

5. SEX: 7

6. COLOR OR RACE: C

7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)

8. DATE OF BIRTH: 6-5-48

9. AGE last birthday: yrs. — If under 1 year: Months 10, Days 5 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lady

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Huntington

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: ~~Amy~~ Arnett Smith

14. MOTHER'S MAIDEN NAME: Virginia Hicks

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY NO.: —

17. INFORMANT: ~~Amy~~ Arnett Smith

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pneumonia Bronchial	3 day
Antecedent cause(s)	(b) Cold	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

470

107

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. No Dr was called before death

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home

(CITY OR TOWN) Huntingtown (COUNTY) Calvert (STATE) Md

TIME OF INJURY (Month) 4 (Day) 10 (Year) 1949 (Hour) 24 m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 24 m., from the causes and on the date stated above.

SIGNATURE: H M Ward (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: 4/11/49 NAME OF CEMETERY OR CREMATORY: Patuxent LOCATION (City, town, or county): Huntingtown Calvert (State) Md

DATE REC'D BY LOCAL REG.: 4/10/49 REGISTRAR'S SIGNATURE: H M Ward

24. FUNERAL DIRECTOR: ~~Amy~~ Arnett Smith ADDRESS

MARGIN RESERVED FOR BINDING

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VS. A15

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MAY 2 1949
BUREAU V. S.